

<p>RENEWAL INSTRUCTOR APPLICATION Form Code: PSS_IR Fee Code: 151 Application Fee - \$50.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: www.dcjs.org/privatesecurity/watson.cfm Application Fees are Non-Refundable</p>	<p>COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services Private Security Services Section P.O. Box 10110 Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: www.dcjs.org/privatesecurity Status Hotline: (804) 786-1132 or 1-877-9STATUS</p>
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1. Applicant Name: _____

Last Name
First Name
MI

2. Social Security #: _____ Date of Birth _____

mm/dd/yy

3. Mailing Address: _____

Number and Street
City/Town
State
Zip

4. Telephone: Residence _____ Business _____ Fax _____

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: _____

7. Are you currently employed by a Private Security Training School? ☐ Yes ☐ No

If yes, School Name: _____ DCJS ID# 88-_____

8. Have you **been convicted or found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders in the past two years? ☐ Yes ☐ No

If Yes, please attach a Private Security Criminal History Supplemental Form (PSS_CHS) and all requested criminal history documentation. *This form may be found on our website www.dcjs.org/privatesecurity under Form Name: PSS_CHS.*

9. Have you committed any act or omission which resulted in a license, certification or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

10. Instruction Category(s) Requested: (Check each that applies)

- | | |
|--|---|
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Alarm Respondent |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Central Station Dispatcher |
| <input type="checkbox"/> Security Canine Handler | <input type="checkbox"/> Electronic Security Technician |
| <input type="checkbox"/> Security Officer Core Subjects | <input type="checkbox"/> Electronic Security Sales Rep |
| <input type="checkbox"/> Armored Car Personnel | <input type="checkbox"/> Special Conservator of the Peace |
| <input type="checkbox"/> Armed Security Officer Arrest Authority | |

11. Firearms Instruction Category(s) Requested (Check each that applies)

- ☐ Handgun ☐ Shotgun ☐ Advanced Handgun ☐ Special Conservator of the Peace Handgun

12. If requesting additional categories of instruction, do you have documented experience as required to be eligible to be certified to instruct in the selected categories ?

- ☐ N/A I am not requesting new categories for instruction.
- ☐ No If No, this application cannot be processed.
- ☐ Yes If Yes, please attach third party documentation verifying the type and dates of experience. Resumes are not acceptable. This application cannot be processed without the requested documentation.

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Section 9.1.138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171.

Applicant's Signature _____ Date: _____
mm/dd/yy